

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: SOUTH CAROLINA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

 Applicable to all groups.

 Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input type="checkbox"/> urban & rural				
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. MA 92-023
Supersedes
TN No. MA 92-07

Approval Date _____ Effective Date 10/01/92

HCFA ID: 7985E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: SOUTH CAROLINA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input type="checkbox"/> urban & rural				
5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$

For each
addi-
tional
person,
add: \$

^{1/} The agency has methods for excluding from its claim for FFP
payments made on behalf of individuals whose income exceeds
these limits.

TN No. MA 92-023
Supersedes
TN No. MA 92-07

Approval Date

FEB 1 1993

Effective Date 10/01/92

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

INCOME LEVELS (Continued)

E. Optional Groups Other Than the Medically Needy

1. Institutionalized Individuals Under Special Income Levels as follows:

300 percent of the Supplemental Security Income maximum benefit rate.

TN No. MA 93-006

Supersedes

TN No. MA 92-07

Approval Date

APR 13 1993

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1/01/93

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

Income Eligibility Levels - Institutionalized Individuals

Individual - 3 times the SSI FBR*

*Medicaid Cap for an individual in an institution does not exceed 300 percent of the Supplemental Security Income Federal Benefit Rate for an individual.

TN No. MA 00-007

Supersedes

Approval Date MAY 01 2009

Effective Date 1/01/00

TN No. MA 91-02